UNITED STATES OF AMERICA

UTILITY PATENT APPLICATION COMBINED DECLARATION AND POWER OF ATTORNEY ORIGINAL APPLICATION

ATTORNEY DOCKET NUMBER 207,517

DECLARATION

As a below named inventor, I hereby declare that my residence, residential address, post office address, and citizenship are as stated below next to my name; and I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below); of the invention in the present application entitled:

TITLE

the specification of which:				
	is attached hereto; or			
X was filed on September 22, 2004		4		
	as PCT Application Number			
and was amended on		(if applicable).		
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge my duty to disclose information of which I am aware which is material to the patentability of the present application under 37 C.F.R. § 1.56(a). I state that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any other country on an application filed by me or my legal representatives or assigns more than twelve months prior to this application; and as to applications for patents or inventor's certificate on the invention filed in any other country prior to this application by me or my legal representatives or assigns.				
Country	Application Number	Date of Filing (day, month, year)	Priority Claimed	
WIPO/PCT	PCT/NL2004/000657	22, 09, 2004	X Yes No	
EP	03078010.0	23, 09, 2003	X Yes No	
I hereby claim the benefit under Title 35, United States Code § 120 of any United States applications listed below and, insofar as the subject matter of each of the claims of the present application is not disclosed in the prior United States applications in the manner provided by the first paragraph of Title 35, United States Code, § 112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:				
(Application Number)	(Filing date) (Sta	atus: patented, pending	g, abandoned, expired)	
(Application Number) (Filing date) (Status: patented, pending, abandoned, expired) ABELMAN, FRAYNE & SCHWAB 666 Third Ave., 10th Floor, New York, New York 10017-5621 Page 1 of 2				

POWER OF ATTORNEY

As a named inventor, I hereby appoint the firm having:

CUSTOMER NUMBER 38,137

with the attorneys/agents and correspondence address associated therewith to receive all communications and correspondence from the U.S. Patent and Trademark Office in connection with the present application, and to prosecute the present application and transact all business in the U.S. Patent and Trademark Office for the present application.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Citizenship Full Name of Sole or First Inventor The Netherlands Arjen Amelink Date of Signing Inventor's Signature Residential Address Egelantierlaan 20, NL-2803 CB Gouda, The Netherlands Post Office Address SAME AS RESIDENTIAL ADDRESS Full Name of Second Joint Inventor, If Any Citizenship The Netherlands Henricus Josephus Cornelis Maria Sterenborg Date of Signing Inventor's Signature Residential Address Fauréstraat 6, NL-2901 RC Capelle Aan Den, Ijssel, The Netherlands Post Office Address SAME AS RESIDENTIAL ADDRESS Full Name of Third Joint Inventor, If Any Citizenship Date of Signing Inventor's Signature Residential Address Post Office Address Full Name of Fourth Joint Inventor, If Any Citizenship Date of Signing Inventor's Signature Residential Address Post Office Address